

860001-03

TDD No.: 8600-01

Site Name: Portsmouth Day Care Center

SITE SAFETY FOLLOW UP REPORT



SEMS DocID

2332473

ORIGINAL  
(Red)

Actual Date of Work: 6/11/86

Actual Site Investigation Team:

NUS Personnel:

Non-Responsive-Based on Revised Scope



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other:

Darius Ostrauskas  
Robin Aikens  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibilities:

SITL  
ASITL  
SO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose:

EPA Rep  
EPA Rep  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ORIGINAL  
(Red)

### PERSONAL PROTECTIVE EQUIPMENT

a. Level of Respiratory Protection Used

Activity Performed

Dust Masks

Sampling

b. Field Dress

Activity

work boots, gloves, coveralls

Sampling

### MONITORING EQUIPMENT

a. HNU

- ☐ Background reading
- ☐ Readings above background
- ☐ Location of high readings

none  
0.2 ppm  
none

b. Radiation

- ☐ Readings above background?        Yes   X   No
- ☐ If yes, specify where readings were found and what action was taken.

N/A

### GENERAL SAFETY

a. Were any safety problems encountered while on site?

Explain: None

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Accident Report Information

a. Did any team member report:	Yes	No
o Chemical Exposure	_____	<u>Y</u>
o Illness, discomfort, or unusual symptoms	_____	<u>X</u>
o Environmental Problems (heat, cold, etc.)	_____	<u>X</u>

b. Explain:

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Was an Employee Exposure/Injury Incident Report completed? \_\_\_\_\_ Yes Y No

Safety Plan Evaluation

a. Was the Safety Plan Adequate? Y Yes \_\_\_\_\_ No

b. What changes would you recommend?

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"Non-Responsive-Based on Revised Scope"

Prepared by:

Reviewed by:

Team Leader:

Approved by: